

October 31, 2003

Re: MDR #: M2-03-1515-01
IRO Certificate No.: 5055

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ____ for an independent review. ____ has performed an independent review of the medical records to determine medical necessity. In performing this review, ____ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Orthopedic Surgery.

Clinical History:

On ____ this 79-year-old male slipped and fell while he was working. He sustained an injury to his lower extremities, primarily his right hip and his knees. The patient clearly had evidence of advanced pre-existing osteoarthritis and degenerative arthritis of both his knees and his hip. He had x-rays, and no fracture was seen. He stayed home for four or five days and became unable to get out of bed, so he went to the hospital and was subsequently admitted for about five days. He was found to have diabetes out of control, and his medical doctor was consulted regarding diabetic control. He was found to have numbness in his legs, and he was felt to have weakness and numbness in the legs due to some degree of diabetic neuropathy.

He then went to work the week after he got out of the hospital, was told to get a motorized wheelchair, and did.

The patient was followed up by an orthopedic surgeon who told him that he had extensive advanced degenerative arthritis of both knees and the hip, and there was very little that could be done other than joint replacement which the patient was not ready to have done. He also was noted to have pitting edema in both legs with perhaps some venous insufficiency bilaterally.

He had a series of three Synvisc injections for his left knee in April 2003. These injections were given because of the advanced arthritis he had in his knee. The treating doctor has requested a lift chair be purchased by the insurance carrier for this patient.

Disputed Services:

Purchase of lift chair.

Decision:

The reviewer disagrees with the determination of the insurance carrier in this case. The lift chair is medically necessary in this case.

Rationale:

Although the lift chair may not be needed because of the patient's work-related injury on ____ it is medically necessary because of the bilateral severe advanced degenerative joint disease of both his knees and the right hip. The lift chair is also needed to help the weakness he has in both legs. His injury did serve as a temporary aggravation of his degenerative joint disease.

I am the Secretary and General Counsel of ____ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by ____ is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within ten (10) days** of your receipt of this decision (28 Tex. Admin. Code 142.5©).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) days** after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
P.O. Box 40669
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on October 31, 2003.

Sincerely,